In 2005, the University of Kansas declared National Cancer Institute (NCI) designation to be our top research priority. Since then, we have made significant progress toward that goal, nearly tripling our total NCI funding from $4.1 million to $11.8 million in 2011. Overall, total cancer-related research funding from all sources now stands at $36.2 million. In September 2011, the University of Kansas will apply for NCI designation.

**What is NCI designation?**

The NCI Cancer Center program is the gold standard for cancer institutes across the country. NCI-designated Cancer Centers are recognized for their scientific excellence and are awarded a Cancer Center grant through a rigorous peer-review process. All NCI-designated Cancer Centers receive financial support from NCI grants and are re-evaluated each time their support grant comes up for renewal (generally every 3 to 5 years). They are a major source of discovery and development of more effective approaches to cancer prevention, diagnosis and treatment.

They also deliver medical advances to patients and their families, educate health care professionals and the public, and reach out to underserved populations. A recent study published in *Medical Care Research and Review* found that, one year from diagnosis, the likelihood of mortality was 25 percent lower for patients at an NCI Cancer Center,¹ and other studies have shown that NCI designation could mean thousands of jobs and billions of dollars for the local economy.² Currently, there is not an NCI-designated Cancer Center within 160 miles of the greater Kansas City area.

**What is our approach?**

The University of Kansas Cancer Center has four established research programs: Cancer Biology; Cancer Prevention; Cancer Control and Population Health; and Drug Discovery, Delivery and Experimental Therapeutics (D3ET).

1) **Cancer Biology Program.** With the aim of enhancing interdisciplinary collaboration among basic and clinical scientists and facilitating translational research, scientists in the cancer biology program study critical cellular processes involving causes, treatments and prevention of cancer.

2) **Cancer Prevention Program.** Our cancer prevention program brings together researchers with a variety of expertise to develop and test strategies for improving risk prediction and prevention of cancer.

3) **Cancer Control Programs.** Our cancer control programs focus on: engaging underserved rural and minority communities to improve cancer control and reduce cancer-related health disparities; identifying new strategies to help people stop smoking; and developing, testing and delivering more effective cancer screening services.

4) **Drug Discovery, Delivery and Experimental Therapeutics (D3ET) Program.** Recognizing the importance of bringing new and innovative cancer drugs “from the bench to the bedside,” our D3ET program excels at using drug development best practices to identify key points for research and efficiently advancing drugs with high potential on to clinical trials.

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² Perryman report
Community Support

We are fortunate to have tremendous support from our regional, statewide and local communities. This support has come from both public and private sources:

(1) Midwest Cancer Alliance (MCA). The MCA’s Clinical Trials Network is a collaborative effort, linking discoveries made in the lab at The University of Kansas Cancer Center to a regional network of Kansas and Western Missouri hospitals and healthcare organizations in an effort to advance the quality and reach of cancer prevention, early detection, treatment and survivorship methods. MCA brings cutting-edge clinical trials and continuing education opportunities to the region in an effort to provide access to the latest advancements close to home.

(2) Public Support. Since fiscal year 2007, the Kansas legislature has passed an annual $5 million appropriation directed to the NCI effort. The University of Kansas Cancer Center has also partnered with the Kansas Bioscience Authority (KBA), to develop state-of-the-art facilities and to recruit world-class scientists. To date, the KBA has provided nearly $50 million in funding to the cancer center for its recruitment and expansion efforts, allowing renovation of the laboratories within the Kansas Masonic Cancer Research Institute, where 37 researchers and teams will be housed when the $34 million project is complete in 2012. The Johnson County Education and Research Triangle (JCERT) sales tax for higher education will allow KU to open its new Clinical Research Center, a 77,000-square-foot building in Fairway, Kan., a year from now.

(3) Private Support. The University of Kansas Cancer Center has received generous private gifts designated for facilities and faculty recruitment. For example, the Hall Family Foundation has donated $18 million, including the building that will house our Clinical Research Center. The Kansas Masonic Foundation has provided more than $21.8 million to the cancer center.

Overall, more than $345 million has been invested during the past five years by the state, the University of Kansas, the University of Kansas Hospital, KBA, Midwest Cancer Alliance and private donors in support of reaching NCI designation. In the short term, these investments have helped create more than 50 new researcher positions.

Where Do We Go From Here?

The University of Kansas Cancer Center will apply for NCI designation in September 2011. Despite significant philanthropic and public support, budget cuts to KU Medical Center as a whole have slowed down our ability to recruit quality researchers and clinical staff necessary for NCI designation. KU Medical Center relies heavily on State General Fund (SGF) money for faculty salaries, and, all told, our budget has been cut $14.4 million since our original FY 2009 budget – an amount nearly the same size as the combined budgets of our Schools of Nursing and Allied Health (each $8.5 million).

This year, KU Endowment is launching a public campaign to raise the remaining funds to reach a goal of $92 million to support our application for NCI designation. More than half has been raised; however, with less than a year remaining until our application is due, a heightened sense of urgency provides opportunities for strengthened collaboration with state, regional and community institutions and organizations.

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